

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT Southern District of Texas		INVOLUNTARY PETITION
IN RE (Name of Debtor – If Individual: Last, First, Middle) High Maintenance Broadcasting, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 600 Leopard Street, Suite 1924 Corpus Christi, Texas 78473		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Nueces		ZIP CODE 78473
		ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

Name of Debtor High Maintenance Broe

Case No. _____

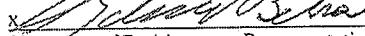
TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

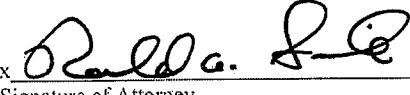
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.


x _____
Signature of Petitioner or Representative (State title)
Robert Behar

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Robert Behar
Address of Individual _____ 14450 Commerce Way
Signing in Representative _____ Miami Lakes, FL 33016
Capacity _____

x  6/14/13
Signature of Attorney _____ Date _____

Schauer & Simant P.C.
Name of Attorney Firm (If any)

615 N. Upper Broadway, Ste. 700
Address

Corpus Christi, TX 78401
Telephone No.

(361) 884-2800

x _____
Signature of Petitioner or Representative (State title)
Estrella Behar

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Estrella Behar
Address of Individual _____ 18911 Collins Ave #1807
Signing in Representative _____ Sunny Isles Beach, FL
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any)

Address

Telephone No.

x _____
Signature of Petitioner or Representative (State title)
Leibowitz Family Broadcasting, LLC

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Leibowitz Family Broadc
Address of Individual _____ 4400 Biscayne Blvd
Signing in Representative _____ Miami, FL 33137
Capacity _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Robert Behar	Promissory Note	2,302,528.46
Estrella Behar	Promissory Note	2,248,742.82
Leibowitz Family Broadcasting, LLC	Promissory Note	428,604.36
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	

x continuation sheets attached

Name of Debtor High Maintenance Broz

Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

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x

Signature of Petitioner or Representative (State title)
Robert Behar

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Robert Behar 14450 Commerce Way Miami Lakes, FL 33016
--	--

x

Signature of Petitioner or Representative (State title)
Estrella Behar

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Estrella Behar 18911 Collins Ave #1807 Sunny Isles Beach, FL
--	---

33160x

Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. # _____

x

Signature of Attorney **Paulo C. Lobo** Date **6/14/13**

Name of Attorney Firm (If any) **Keller E. Lobo, P.C.**

Address **1015 N. Upper Broadway, Ste. 700**

Telephone No. **(Corpus Christi, TX 78401**

(361) 884-2800

x

Signature of Petitioner or Representative (State title)
Leibowitz Family Broadcasting, LLC

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Leibowitz Family Broadc 4400 Biscayne Blvd Miami, FL 33137
--	---

x

Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner Robert Behar	Nature of Claim Promissory Note	Amount of Claim 2,302,528.46
Name and Address of Petitioner Estrella Behar	Nature of Claim Promissory Note	Amount of Claim 2,248,742.82
Name and Address of Petitioner Leibowitz Family Broadcasting, LLC	Nature of Claim Promissory Note	Amount of Claim 428,604.36

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

X continuation sheets attached

Name of Debtor High Maintenance Bro

Case No. _____

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x

Signature of Petitioner or Representative (State title)
Robert Behar

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Robert Behar 14450 Commerce Way Miami Lakes, FL 33016
--	--

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)
Estrella Behar

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Estrella Behar 18911 Collins Ave #1807 Sunny Isles Beach, FL
--	---

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)
Leibowitz Family Broadcasting, LLC

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Leibowitz Family Broadc 4400 Biscayne Blvd. Miami, FL 33137
--	--

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Daniel S. Leibowitz, Esq.

6/14/13

Silverman Edelman P.C.

6015 N. Upper Broadway, Ste. 700

Corpus Christi, TX. 78401

(361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner Robert Behar	Nature of Claim Promissory Note	Amount of Claim 2,302,528.46
Name and Address of Petitioner Estrella Behar	Nature of Claim Promissory Note	Amount of Claim 2,248,742.82
Name and Address of Petitioner Leibowitz Family Broadcasting, LLC	Nature of Claim Promissory Note	Amount of Claim 428,604.36
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Signature of Petitioner or Representative (State title)
Pedro Dupouy

Name of Petitioner Date Signed

Name & Mailing Pedro Dupouy
Address of Individual 815 NW 57th Ave, 206
Signing in Representative Miami, FL 33126
Capacity

Rodrigo Sald 6/14/13
x Signature of Attorney *Julian E. Estrada, P.C.* Date _____
Name of Attorney Firm (If any) *615 N. Upper Broadway, Ste. 700*
Address *Corpus Christi, TX 78401*
Telephone No. *(361) 884-2800*

x Signature of Petitioner or Representative (State title)
Latin Capital Ventures, LLC

Name of Petitioner Date Signed

Name & Mailing Jose Rodriguez
Address of Individual 14450 Commerce Way
Signing in Representative Miami Lakes, FL 33016
Capacity

x Signature of Attorney Date _____
Name of Attorney Firm (If any)
Address _____
Telephone No. _____

x Signature of Petitioner or Representative (State title)
Pan Atlantic Bank & Trust Ltd

Name of Petitioner Date Signed

Name & Mailing Robert J. Bourque
Address of Individual Musson Bldg. Hincks St.
Signing in Representative Bridgetown, Barbados
Capacity

x Signature of Attorney Date _____
Name of Attorney Firm (If any)
Address _____
Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Pedro Dupouy	Guaranty	70,593.66
Latin Capital Ventures, LLC	Nature of Claim	Amount of Claim
	Guaranty	759,722.22
Pan Atlantic Bank & Trust Ltd	Nature of Claim	Amount of Claim
	Guaranty	974,162.22
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

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Signature of Petitioner or Representative (State title)
Pedro Dupouy

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Pedro Dupouy
815 NW 57th Ave, 206
Miami, FL 33126

Signature of Petitioner or Representative (State title)
Latin Capital Ventures, LLC

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Jose Rodriguez
14450 Commerce Way
Miami Lakes, FL 33016

Signature of Petitioner or Representative (State title)
Pan Atlantic Bank & Trust Ltd

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Robert J. Bourque
Musson Bldg Hincks St.
Bridgetown, Barbados

PETITIONING CREDITORS

Name and Address of Petitioner

Pedro Dupouy

Nature of Claim

Amount of Claim

70,593.66

Name and Address of Petitioner

Latin Capital Ventures, LLC

Nature of Claim

Amount of Claim

759,722.22

Name and Address of Petitioner

Pan Atlantic Bank & Trust Ltd

Nature of Claim

Amount of Claim

974,162.22

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

 continuation sheets attached

Name of Debtor _____

Case No. _____

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x _____ Signature of Petitioner or Representative (State title) <u>Pedro Dupouy</u>	Date Signed _____
Name of Petitioner _____	Date Signed _____
Name & Mailing Address of Individual Signing in Representative Capacity _____	Pedro Dupouy 815 NW 57th Ave, 206 Miami, FL 33126 _____

x _____ Signature of Attorney _____	Date _____
Name of Attorney Firm (If any) _____	
Address _____	
Telephone No. _____	

x _____ Signature of Petitioner or Representative (State title) <u>Latin Capital Ventures, LLC</u>	Date Signed _____
Name of Petitioner _____	Date Signed _____
Name & Mailing Address of Individual Signing in Representative Capacity _____	Jose Rodriguez 14450 Commerce Way Miami Lakes, FL 33016 _____

x _____ Signature of Attorney _____	Date _____
Name of Attorney Firm (If any) _____	
Address _____	
Telephone No. _____	

x _____ Signature of Petitioner or Representative (State title) <u>Pan Atlantic Bank & Trust Ltd</u>	Date Signed <u>7/15/13</u>
Name of Petitioner _____	Date Signed _____
Name & Mailing Address of Individual Signing in Representative Capacity _____	Robert J. Bourque MUSKOKA HICKS Bridgeview Barbados "Whitepark House" White Park Rd. St. Michael, Barbados _____

x _____ Signature of Attorney <u>Robert J. Bourque 06/14/13</u>	Date _____
Name of Attorney Firm (If any) <u>Schaefer E. Law P.C.</u>	
Address <u>6015 N. Upper Broadway, Ste. 700</u>	
Telephone No. <u>Corpus Christi, TX. 78401</u> <u>(361) 884-2800</u>	

PETITIONING CREDITORS

Name and Address of Petitioner <u>Pedro Dupouy</u>	Nature of Claim Promissory Note	Amount of Claim 70,593.66
Name and Address of Petitioner <u>Latin Capital Ventures, LLC</u>	Nature of Claim Promissory Note	Amount of Claim 759,722.22
Name and Address of Petitioner <u>Pan Atlantic Bank & Trust Ltd</u>	Nature of Claim Promissory Note	Amount of Claim 974,162.22
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

X continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Maria Martinez, Managing Member
Signature of Petitioner or Representative (State title)
Sumit Enterprises, LLC

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Maria Martinez
14450 Commerce Way
Miami Lakes, FL 33016

x Ronald A. Fink 6/14/13
Signature of Attorney
Fink & Fink, P.C.
Name of Attorney Firm (If any)
Address
Telephone No.
(361) 884-2800

x
Signature of Petitioner or Representative (State title)
Jose Rodriguez

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Jose Rodriguez
1020 Nautica Drive
Weston, FL 33327

x
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

x
Signature of Petitioner or Representative (State title)
Leon Perez

Name of Petitioner Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Leon Perez
20201 E Country Dr 607
Aventura, FL 33180

x
Signature of Attorney Date
Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner Sumit Enterprises, LLC	Nature of Claim Promissory Note	Amount of Claim 107,571.30
Name and Address of Petitioner Jose Rodriguez	Nature of Claim Promissory Note	Amount of Claim 53,785.65
Name and Address of Petitioner Leon Perez	Nature of Claim Promissory Note	Amount of Claim 53,785.65
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

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X _____
Signature of Petitioner or Representative (State title)
Sumit Enterprises, LLC

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Maria Martinez
Address of Individual _____ 14450 Commerce Way
Signing in Representative _____ Miami Lakes, FL 33016
Capacity _____

X _____
Signature of Petitioner or Representative (State title)
Jose Rodriguez

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Jose Rodriguez
Address of Individual _____ 1020-Nautica-Drive
Signing in Representative _____ Weston, FL 33327
Capacity _____

X _____
Signature of Petitioner or Representative (State title)
Leon Perez

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Leon Perez
Address of Individual _____ 20201 E Country Dr 607
Signing in Representative _____ Aventura, FL 33180
Capacity _____

X _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

Rodríguez 6/14/13
X _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

615 N. Upper Broadway Ste 700
CORPUS Christi, TX 78401

(361) 884-2800

PETITIONING CREDITORS		
Name and Address of Petitioner Sumit Enterprises, LLC	Nature of Claim Guaranty	Amount of Claim 107,571.30
Name and Address of Petitioner Jose Rodriguez	Nature of Claim Guaranty	Amount of Claim 53,785.65
Name and Address of Petitioner Leon Perez	Nature of Claim Guaranty	Amount of Claim 53,785.65

Note:	If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims
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x

Signature of Petitioner or Representative (State title)
Sumit Enterprises, LLC

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Maria Martinez 14450 Commerce Way Miami Lakes, FL 33016
--	---

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)
Jose Rodriguez

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Jose Rodriguez 1020 Nautica Drive Weston, FL 33327
--	--

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)
Leon Perez

Name of Petitioner	Date Signed
--------------------	-------------

Name & Mailing Address of Individual Signing in Representative Capacity	Leon Perez 20201 E Country Dr 607 Aventura, FL 33180
--	--

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Leon Perez 6/14/13
Julian & Paula P.C.

615 N. Upper Broadway Ste. 700
Corpus Christi, TX 78401
(361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner Sumit Enterprises, LLC	Nature of Claim Promissory Note	Amount of Claim 107,571.30
Name and Address of Petitioner Jose Rodriguez	Nature of Claim Promissory Note	Amount of Claim 53,785.65
Name and Address of Petitioner Leon Perez	Nature of Claim Promissory Note	Amount of Claim 53,785.65
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x

Signature of Petitioner or Representative (State title)

Jays Four, LLC

4/3/13

Name of Petitioner

Date/Signed

Name & Mailing
Address of Individual
Signer in Representative
Capacity

Michael Jesselson
445 Park Ave., Ste 1502
New York, NY 10022

x

Signature of Petitioner or Representative (State title)

Benjamin J. Jesselson 12/18/80 Trust

4/3/13

Name of Petitioner

Date/Signed

Name & Mailing
Address of Individual
Signer in Representative
Capacity

Claire L. Strauss
445 Park Ave., Ste 1502
New York, NY 10022

x

Signature of Petitioner or Representative (State title)

Jesselson Grandchildren 12/18/80 Trt

4/3/13

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signer in Representative
Capacity

Michael Jesselson
445 Park Ave., Ste 1502
New York, NY 10022

x Signature of Attorney,

Date

Selma E. Luke P.C.

615 N. Upper Broadway, Ste. 700

Corpus Christi, TX 78401

Telephone No.

(361) 884-2800

x Signature of Attorney,

Date

Selma E. Luke P.C.

615 N. Upper Broadway, Ste. 700

Corpus Christi, TX 78401

Telephone No.

(361) 884-2800

x Signature of Attorney,

Date

Selma E. Luke P.C.

615 N. Upper Broadway, Ste. 700

Corpus Christi, TX 78401

Telephone No.

(361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jays Four, LLC	Promissory Note	235,312.19
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Benjamin Jesselson 12/18/80 Trust	Promissory Note	117,656.10
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jesselson Grandchildren 12/18/80 Trust	Promissory Note	235,312.19
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	

x continuation sheets attached

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Case No. _____

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xSignature of Petitioner or Representative (State title)
Joseph Kavana

4/3/13

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity19495 Biscayne Blvd
Suite 702
Aventura, FL 33180R. D. Kava

6/14/13

Schenck P.C.

Date

Name of Attorney Firm (If any)

Schauv + Simank P.C.

Address

615 N. Upper Broadway Ste 700
Corpus Christi, TX 78401
(361) 884-2800xSignature of Petitioner or Representative (State title)
Sawicki Family Ltd Partnership

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
CapacityDaniel Sawicki
4036 Island Estates Dr.
Aventura, FL 33160x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

xSignature of Petitioner or Representative (State title)
Shpilberg Mgmt Associates, LLC

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
CapacityDavid Shpilberg
20155 NE 38 Court, 901
Aventura, FL 33180x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner Joseph Kavana	Nature of Claim Guaranty	Amount of Claim 512,644.42
Name and Address of Petitioner Sawicki Family Limited Partnership	Nature of Claim Guaranty	Amount of Claim 168,080.14
Name and Address of Petitioner Shpilberg Management Associates, LLC	Nature of Claim Guaranty	Amount of Claim 58,828.04
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
Joseph Kavana

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	19495 Biscayne Blvd Suite 702 Aventura, FL 33180

x Daniel Sawicki
Signature of Petitioner or Representative (State title)
Sawicki Family Ltd Partnership

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	Daniel Sawicki 4036 Island Estates Dr Aventura, FL 33160

x _____
Signature of Petitioner or Representative (State title)
Shpilberg Mgmt Associates, LLC

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	David Shpilberg 20155 NE 38 Court, 901 Aventura, FL 33180

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any)
Address
Telephone No.

x *D. Shpilberg, Esq.* 6/14/13
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) <i>615 N. Upper Broadway, Ste 700</i>
Address <i>Corpus Christi TX 78401</i>
Telephone No. <i>(361) 884-2800</i>

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any)
Address
Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner Joseph Kavana	Nature of Claim Promissory Note	Amount of Claim 512,644.42
Name and Address of Petitioner Sawicki Family Limited Partnership	Nature of Claim Promissory Note	Amount of Claim 168,080.14
Name and Address of Petitioner Shpilberg Management Associates, LLC	Nature of Claim Promissory Note	Amount of Claim 58,828.04
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x

Signature of Petitioner or Representative (State title)

Joseph Kavana

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

19495 Biscayne Blvd
Suite 702
Aventura, FL 33180

x

Signature of Petitioner or Representative (State title)

Sawicki Family Ltd Partnership

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

Daniel Sawicki
4036 Island Estates Dr
Aventura, FL 33160

x

Signature of Petitioner or Representative (State title)

Shpilberg Mgmt Associates, LLC

Name of Petitioner

Date Signed

Name & Mailing
Address of Individual
Signing in Representative
Capacity

David Shpilberg
20155 NE 38 Court, 901
Aventura, FL 33180

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Attorney

Date

Schauer & Simank, P.C.

Name of Attorney Firm (If any)

615 N. Upper Broadway, Ste 700

Address

Corpus Christi, TX 78401

Telephone No. (361) 884-2800

PETITIONING CREDITORS

Name and Address of Petitioner Joseph Kavana	Nature of Claim Guaranty	Amount of Claim 512,644.42
Name and Address of Petitioner Sawicki Family Limited Partnership	Nature of Claim Guaranty	Amount of Claim 168,080.14
Name and Address of Petitioner Shpilberg Management Associates, LLC	Nature of Claim Guaranty	Amount of Claim 58,828.04

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims

X continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

- Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	_____

x _____
Signature of Petitioner or Representative (State title)
Saby Behar Rev Trust 2/15/99 amend

Name of Petitioner	Date Signed
Saby Behar 1911 NE 118th Road N. Miami, FL 33181	_____
Name & Mailing Address of Individual Signing in Representative Capacity	_____

x _____
Signature of Petitioner or Representative (State title)

Name of Petitioner	Date Signed
Name & Mailing Address of Individual Signing in Representative Capacity	_____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

615 N. Upper Broadway, Ste. 700

Address _____

Corpus Christi, TX 78401

Telephone No. _____

(361) 984-2800

x _____
Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner Saby Behar Revocable Trust dated 2/15/99, as amended	Nature of Claim Promissory Note	Amount of Claim 147070.11
Name and Address of Petitioner _____	Nature of Claim _____	Amount of Claim _____
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

x continuation sheets attached

Name of Debtor _____

Case No. _____

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

Signature of Petitioner or Representative (State title)

Morris Bailey

Date Signed

Name & Mailing	Morris Bailey
Address of Individual	150 Broadway
Signing in Representative	New York, NY 10058
Capacity	

Signature of Attorney

Date

Signature of Attorney Firm (If any)

615 N. Upper Broadway, Ste. 700

Corpus Christi, TX 78401

(361) 884-2800

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing	
Address of Individual	
Signing in Representative	
Capacity	

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing	
Address of Individual	
Signing in Representative	
Capacity	

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner Morris Bailey	Nature of Claim Guaranty	Amount of Claim 336,160.27
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached